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SD Secretary of State

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Sioux Valley News		2. DATE: 9-7-23
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: 40.00 - 45.00

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 213 E 5th St, Canton SD 57013

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 213 E 5th St, POBox 255 Canton SD 57013

6. FULL NAME OF PUBLISHER: Teresa Zomer

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Teresa Zomer	

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
NONE

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1200	1166
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	280	282
2. Mail Subscription (Paid and or requested)	825	824
3. Paid Electronic Copies	60	60
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1165	1166
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1165	1166
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	35	0
2. Return from News Agents		0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1200	1166

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

Owner
(Title)

State of South Dakota
County of Lincoln
(Seal)

TIFFANY J. BALDWIN NOTARY PUBLIC STATE OF SOUTH DAKOTA Seal

Sworn to before me this 10 day of Sept, 2023

Notary Public

My commission expires: 1/12/24

Form: SOS REC 051 9/2016